

CLAIMS ONLY

Application Number

101520,280

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep.	Depend	Indep	Depend	Indep.	Depend					
1	1						61				
2		1					52				
3		2					53				
4			4				54				
5							55				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total							Total				
Indep	1						Indep				
Total							Total				
Depend.	7						Depend				
Total							Total				
Claims	8						Claims				